



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 6017

|  |   |  |                                    |  |                           |                                |
|--|---|--|------------------------------------|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/565,111   | <b>FILING or 371(c) DATE</b><br>02/19/2007<br><b>RULE</b>   | <b>CLASS</b><br>424                                      | <b>GROUP ART UNIT</b><br>1656      | <b>ATTORNEY DOCKET NO.</b><br>DEBE:063US/<br>10513682        |                           |                                |
| <b>APPLICANTS</b><br>Jurgen Frevert, Berlin, GERMANY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/DE04/01635 07/22/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 103 33 317.7 07/22/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>03/02/2007 |   |  |                                    |  |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/ANAND U DESAI/</u><br>Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWINGS</b><br>0                                  | <b>TOTAL CLAIMS</b><br>14 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>FULBRIGHT & JAWORSKI L.L.P.<br>600 CONGRESS AVE.<br>SUITE 2400<br>AUSTIN, TX 78701<br>UNITED STATES  |   |  |                                    |  |                           |                                |
| <b>TITLE</b><br>Formulation for a Protein Pharmaceutical Without Added Human Serum Albumin (Hsa)   |   |  |                                    |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>515  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                    | <input type="checkbox"/> All Fees                            |                           |                                |
|  |   |  |                                    | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|  |   |  |                                    | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|  |   |  |                                    | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|  |   |  |                                    | <input type="checkbox"/> Other _____                         |                           |                                |
|  |   |  | <input type="checkbox"/> Credit    |  |                           |                                |